

**MARGIN RESERVED FOR BINDING**

PERMANENT RECORD. Every item of information should be PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
1. County	Yuma	BUREAU OF VITAL STATISTICS	
District	Yuma	ORIGINAL CERTIFICATE OF DEATH	
Town or City	Yuma	No.	State Index - No. 183
		County Registrar's - No.	
		Local Registrar's - No. 4	
		St. Ward	
		(If death occurred in a hospital or institution, give its NAME instead of street number)	
2. FULL NAME		Framie Arriola	
(a) Residence. No.		756 2nd Ave. St. Ward.	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX	4. COLOR or RACE	5. SINGLE, MARRIED, WIDOWED or DIVORCED	
Female	Mexican	Single	
6a. If married, widowed, or divorced			
HUSBAND of (or) WIFE of June 3 - 1904			
6. DATE OF BIRTH (month, day and year)			
7. AGE	Years	Months	Days
21	7	11	
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work School Girl			
(b) General nature of industry, business or establishment in which employed (or employer)			
(c) Name of employer			
9. BIRTHPLACE (city or town) Yuma Ariz			
(State or country)			
10. NAME OF FATHER Tom Arriola			
11. BIRTHPLACE OF FATHER California			
(State or country)			
12. MAIDEN NAME OF MOTHER Framie Meador			
13. BIRTHPLACE OF MOTHER Yuma Ariz			
(State or country)			
14. Informant (Address) O. Johnson			
15. Filed Jan 16 1926			
V. S. No. 1			
County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) Jan 14 1926			
17. I HEREBY CERTIFY That I attended deceased from Jan 6 1926			
that I last saw her alive on Jan 14 1926			
and that death occurred, on the date stated above, at			
The CAUSE OF DEATH* was as follows: Tuberculosis			
(duration) 1 yrs. mos. ds.			
CONTRIBUTORY (Secondary)			
18. Where was disease contracted Los Angeles, Cal.			
If not at place of death?			
Did an operation precede death? No Date of			
Was there an autopsy? No			
What test confirmed diagnosis?			
(Signed) M. E. Cairns, M. D.			
Jan 15 1926 (Address) Yuma Ariz			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL Yuma Cemetery			
20. UNDERTAKER O. Johnson			
DATE OF BURIAL 1/16 1926			
ADDRESS Yuma Ariz			